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			HUN RECOR	(D	Appl	36/16u & pooke	Number
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	(Ookumn 1)	~ PART . (Column 2)	•			1	guil
FOR	NUMBER FILED		SMA	LL ENTITY .	OR	HTO	RTHAN
BASIC FEE (87 OFR 1,18(a), (b), or (d))	HOMBER PILED .	NUMBER EXTRA	RATE () FEE (1)	7:	014470	LENTITY
SEARCH FEE		<u></u>	1	PEE(II)		RATE (1)	FEE
EXAMINATION FEE			_		4		1 "
19 (VFR 1.16(d), (n) or (n)		****			1	1	1-
TOTAL OLAIMS (87 CFR 1.16(II))] [7.	-	
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TEE 37 OFR 1.16(s))	Is \$250 (\$105 forms	PROBLEM SIZE FEE due					
	additional 50 sheets or t	radion thereof. See	11				
CULTIPLE DEDELEDELE	35 U.S.C. 41(a)(1)(G) a	1d-37 CFR 1.16(6).					•
- ochennent (MAIN PRESENT (37 CFR 1.1	6 (1)	180	1	·		
If the difference in column	1 is less than zero, enter *0* i	In column a	1 1 000	 	· [,	360	•
APPLICAT	TOM AD ALCOHOL	o wound 2.	TOTAL			TOTAL	
· · · · · · · · · · · · · · · · · · ·	TON AS AMENDED - I	PARTII				TOTAL L	
(Có	luma 1) (Co	lumn 2) (Column 3)					
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146007A	FTER PREVI	ABER PRESENT OUSLY EXTRA	RATE (\$)	ADDI:	T.	SMALL EN	TILY
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(Colu	nn 1) (Colu	mn 2) (Column 9)			TO		
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If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "9".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The Information is required to obtain or retain a benefit by the public which is to the (and by the Inducting pathening), and submitting the completed application form to the USPTO. Time will vary depending upon the Individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer. U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS